2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am DOCUMENT # **P97000070381** Secretary of State 1. Entity Name 05-15-2001 90087 046 ***150.00 AMINEXPORT INC. Mailing Address Principal Place of Business 1205 MARIPOSA AVE, #421 1205 MARIPOSA AVE. #421 CORAL GABLES FL 33146 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0775421 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name GONZALEZ-MARIN, LUISA M Street Address (P.O. Box Number is Not Acceptable) -1205 MARIPOSA AVE. #421 CORAL GABLES FL 33146 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution.-- Added to Fees . (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE Change Addition Delete NAME MARIN, ARNOLDO NAME STREET ADDRESS 1205 MARIPOSA AVE. #421 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete Change Addition MARIN-GONZALEZ, LUISA M NAME NAME STREET ADDRESS 1205 MARIPOSA AVE. #421 STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP CORAL GABLES FL 33146 Change Addition TITLE ☐ Delete TIŤLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empreced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachme

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGN

with all other like empowered

04-30-2001